DHHS/OFFICE OF OPERATIONS SUPPORT, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301 Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

HOUSEHOLD AND PERSONNEL LIST for Staff and Household members ages 10 to 16 years

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL BE RETURNED TO YOU.

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

household and at each renewal of your license.

Information entered below	will be used for returning this for	n so please write neatly.	This form is ONLY for household and
Program Name		License #	for household and staff members ages 10-16 years.
Mailing Address (PO Box or Street)		70-10 years.
City	State	Zip Code	
are between the ages o	<u>-</u>	inici iist. Ali stali c	r household members (in a family child care) who
• •	ugh the central registry for		y covers the record check of founded cases of dren, Youth and Families. State and Federal
WHEN do I submit a			

HOW do I complete this form? After completing all the program information at the top of the form fill in the complete name and date of birth for each person between the ages of 10 and 16.

LAST NAME, (MAIDEN NAME) FIRST NAME, MIDDLE INITIAL (You must include any names previously used)	D.O.B. MM/DD/YY	POSITIVE MATCH* FOR UNIT COMPLETION ONLY

FOR OFFICE USE ONLY ____ The background check did not reveal any information that resulted in a determination that the above named individual poses a threat to the safety of children.